**CENTRE COUNTY CORRECTIONAL FACILITY** 



Christopher A. Schell Warden

700 Rishel Hill Road Bellefonte, Pennsylvania 16823 Telephone (814) 355-6794 FAX (814) 548-1150 Melanie Gordon, *CJM, CCE* **Deputy Warden of Operations** 

Glenn E. Irwin

Deputy Warden of Administration

Jeffrey T. Hite

Director of Treatment

## **Consent to Release Information for Prison Rape Elimination Act Compliance**

I,, having made application for employment with the Centre County Correctional Facility (CCCF), understand that CCCF must gather specific information about prior employment to comply with the Prison Rape Elimination Act. I hereby authorize CCCF to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document, or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to CCCF.	
I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of CCCF, the County of Centre, and/or their subcontractors.	
In consideration of this release, the CCCF, County of Centre, and their subcontractors shall regard all information obtained as confidential. I understand that the same shall not be released to any individual, including myself, or organization, absent good cause.	
I agree that CCCF may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.	
Have you ever been employed in a prison, jail, lockup, commun	ity confinement facility, juvenile facility, or other
institution (as defined in 42 U.S.C. 1997)? YES $\square$	NO □
Applicant Signature	Date
DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE ALLOWING CCCF TO OBTAIN INFORMATION	
I,, having made application for employment with the Centre County Correctional Facility (CCCF), do not desire to sign the authorization stated above. I understand that CCCF may not hire an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to sign the above authorization will result in my being passed over for such employment.	
Applicant Signature	Date